

APPLICATION FOR BUILDING PERMIT

1

FOR APPLICANT TO FILL IN (Print or type only)

BUILDING ADDRESS **22902 So VAN DEENE**

CITY **TORRANCE** ZIP

SIZE OF LOT NO. OF BLDGS. NOW ON LOT **1**

TRACT **25505** BLOCK LOT NO. **24**

OWNER **X Modesta y gab** TEL. **549-7216**

ADDRESS **22902 So VAN DEENE**

CITY **TORRANCE** ZIP **90503**
ARCHITECT OR ENGINEER TEL. NO.

ADDRESS

CONTRACTOR **OWNER** TEL. NO.

ADDRESS LIC. NO.

CITY LIC. CLASS

CONSTRUCTION LENDER NAME AND BRANCH

ADDRESS CITY

SQ. FT. **330** NO. OF STORIES **1** NO. OF FAMILIES **1** CHECK ONE

DESCRIPTION OF WORK NEW ☐

Room Addition ADD ☒

ALTER ☐

REPAIR ☐

USE OF EXISTING BLDG. **Dwelling** DEMOL ☐

APPLICANT (PRINT) TEL. NO.

BY (SIGNATURE)

VALUATION \$ **3,000**

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING BUILDING CONSTRUCTION. I CERTIFY THAT IN DOING THE WORK AUTHORIZED HEREBY I WILL NOT EMPLOY ANY PERSON IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA IN RELATING TO WORKMEN'S COMPENSATION INSURANCE.

SIGNATURE OF PERMITTEE **Modesta y gab**

ADDRESS **22902 So VAN DEENE**

CITY **TORRANCE** TEL. NO. **549-2216**

MAKE CHECKS PAYABLE TO:
HARVEY T. BRANDT, COUNTY ENGINEER

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION

BUILDING ADDRESS **22902 Van Deene**

LOCALITY **County**

NEAREST CROSS ST. **238th St**

ASSESSOR MAP BOOK PAGE PARCEL

DISTRICT **12** GROUP **I** TYPE CONST. **V** FIRE ZONE **3** PROCESSED BY **Bewley**

STATISTICAL CLASSIFICATION CLASS NO. **21** DWELL. UNITS **0** SEWER MAP **2 BK 143**

USE ZONE MAP NO. **4232** SPECIAL CONDITIONS **A1**

ROAD DEPARTMENT APPROVAL REQUIRED YES ☐ NO ☒

BLDG. SETBACK FROM FRONT PROP. LINE OF (STREET)

HIGHWAY	+	YARD	=	TOTAL SETBACK FROM FRONT PROP. LINE	TYPE OF HIGHWAY	EXISTING WIDTH
	+		=			

BLDG. SETBACK FROM SIDE PROP. LINE OF (STREET)

HIGHWAY	+	YARD	=	TOTAL SETBACK FROM SIDE PROP. LINE	TYPE OF HIGHWAY	EXISTING WIDTH
	+		=			

CORNER CUTOFF YES ☐ NO ☒

IN OPEN SPACE YES ☐ NO ☒

IN COASTAL ZONE YES ☐ NO ☒

ENVIRONMENTAL IMPACT CATEGORICAL EXEMPTION YES ☒ NO ☐

EXEMPTION DECLARATION SIGNED (DATE)

IMPACT REPORT PROCESSED (DATE)

FINAL DATE **11-17-77** BY **AS 10-7**

P.C. FEE \$ **11.40** PMT. FEE \$ **19.00**

PLAN CHECK VALIDATION

M.O. **CASH**

PERMIT VALIDATION

M.O. **CASH**

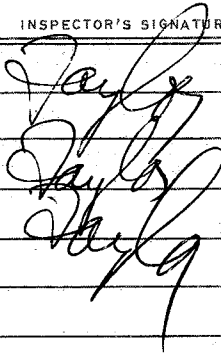
#9454 12/09/1974 11.40

#9455 12/09/1974 19.00

76A638A CE#803 7/73

Bewley

INSPECTOR COPY

PLANS TO APPLICANT					INSPECTOR'S NOTES
TO:		RETURNED		APPROVED	
NO.	DATE	NO.	DATE		
APPROVALS		REQUIRED		DATE RECEIVED OR APPROVED	
		YES	NO		
WATER CERTIFICATE					
HEALTH DEPARTMENT					
FIRE DEPARTMENT					
GRADING					
GEOLOGICAL					
PEDESTRIAN PROTECTION (FENCE) (CANOPY)					
SPECIAL INSPECTION (CONC.) (MASNRY.) (WELDG.)					
LOT DRAINAGE					
PARKING					
APPROVALS	DATE	INSPECTOR'S SIGNATURE			
LOCATION-- (SETBACK & YARDS)	12-10-74				
FOUNDATIONS					
FRAME	12-20-74				
LATH/DRYWALL INTERIOR	1-7-74				
LATH-EXTERIOR					
HOUSE NUMBER -- CORRECT & POSTED					
FINAL -- ENTER ON FRONT					

APPLICATION FOR ELECTRICAL PERMIT

1

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION

JOB ADDRESS **22902 VAN DEENE**

LOCALITY **TORRANCE**

NEAREST CROSS ST. **VERMONT**

OWNER OR FIRM NAME **JESUS GONZALES**

MAIL ADDRESS **22902 VAN DEENE**

CITY **TORRANCE** TEL. NO.

PLAN CHECK APPLICANT **OWNER**

ADDRESS **SAME ABOVE**

CITY **TORRANCE** TEL. NO.

PERMIT APPLICANT **OWNER**

ADDRESS

CITY TEL. NO.

LICENSE OR REG. NUMBER CLASS.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING ELECTRICAL WIRING.

I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.

PERMITEE SIGNATURE **Jesus Gonzales**

DISTRICT NO. **12**

PROCESSED BY **Clement**

APPROVAL'S

DATE

INSPECTOR'S SIGNATURE

TEMP. POWER POLE

UNDERSLAB WORK

ROUGH CONDUIT

WIRING

FIXTURES

POWER AUTHORIZED

UTILITY CO. NOTIFIED

FINAL

NOTES:

FOR APPLICANT TO FILL IN				
OUTLETS		NO.	EACH	FEE
RECEPT. 6	TOTAL 10	FIRST 20	10	25
LIGHT 2		OVER 20		10
SWITCH 2		FIRST 20	2	25
LIGHTING 2	TOTAL 2	OVER 20		10
FIXTURES 2		FIRST 20	2	50
RESIDENTIAL APPLIANCES				
RANGE _____ DRYER _____ WTR. HTR. _____				
STA. COOK _____ DISP. _____ F.A.U. _____				
SPACE HTR. _____ AIR COND. _____				
CLOTHES WASH. _____ DISHWASH. _____				
FAN _____ OTHER _____				1.00
MOTORS, TRANSFORMERS IND. HEATERS, ETC. SIZE & TYPE		RATING HP. KW. KVA. OVER TO		
		0 - 1		1.00
		1 - 10		3.00
		10 - 50		5.00
		50 - 100		10.00
		100 - 500		15.00
SIGN, GAS TUBE, OR MARQUEE	SIGN AND ONE CIRCUIT		5.00	
	ADDITIONAL CIRCUITS		1.00	
SERVICE NOT OVER 600 VOLTS OR 200 AMP			3.00	
SERVICE OVER 600 VOLTS OR 200 AMP			10.00	
TEMP SERVICE, POLE, & APPURTENANCES			5.00	
TEMP LIGHT OR RECEPT. SYSTEM			3.00	
PERMIT FEE (SUB TOTAL)				
PLAN CHECK FEE				
PERMIT ISSUING FEE		3.00		3.00
TOTAL FEE				6.00

PLAN CHECK VALIDATION

CK. M.O. CASH

PERMIT VALIDATION

CK. M.O. CASH

LIC 990974 DEC 23 2A
9909 12/23/1974

6.00

J. Clement

INSPECTOR COPY